

Ultimed HMO of Michigan, Inc. (in Liquidation)

Notice of Court Order to Liquidate

Ultimed HMO of Michigan, Inc. (in Liquidation)

On April 10, 2006, the Honorable William E. Collette, Ingham County Circuit Court Judge, entered a Corrected Order placing Ultimed HMO of Michigan, Inc. (formerly Ultimed HMO of Michigan, Inc. in Rehabilitation), hereinafter referred to as "Ultimed," into liquidation (Case Number 05-1472-CR). The Order of Liquidation appointed Linda A. Watters, Commissioner of the Office of Financial and Insurance Services, State of Michigan, as Liquidator and James E. Gerber and Janice Sylvertooth as Special Deputy Liquidators for Ultimed.

The Order of Liquidation was entered because, among other reasons, Ultimed could not be successfully rehabilitated due to its financial condition.

Pursuant to the Order of Liquidation, all enrollee and subscriber contracts issued by Ultimed in effect at the time the Order of Liquidation was entered will terminate, at the latest, effective midnight, May 10, 2006. The Liquidator is responsible for administering the liquidation.

Contact information:

Ultimed HMO of Michigan, Inc.
2401 20th Street
Detroit, MI 48216

E-mail: platinumcs@ultimed-hmo.com
Customer service: 313-961-1717 or 1-800-242-7955
Fax: 313-961-9660

CLAIMS PROCEDURES AND CLAIMS BAR DATE

The Order of Liquidation, as provided by MCL 500.8122, requires that notice be given to all persons or entities known or reasonably expected to have claims against Ultimed that were incurred on or before April 10, 2006 and for which the liquidation estate may be liable. **IMPORTANT: If you have such a claim and wish to be considered for payment of this claim in the liquidation proceeding, you must file a "Proof of Claim" with Ultimed that complies with the requirements of MCL 500.8136 and the attached "Proof of Claim Instructions."** Failure to file a completed "Proof of Claim" form complying with these requirements and/or filing a "Proof of Claim" form postmarked after the Proof of Claim deadline of **October 10, 2006** (the "Bar Date") will result in your claim being disallowed.

In order to file a "Proof of Claim," you must carefully fill out the enclosed "Proof of Claim" form completely in accordance with the accompanying "Proof of Claim Instructions" and mail the form to Ultimed at the above address prior to the October 10, 2006 Bar Date.

Important: Early submission of your "Proof of Claim" form(s) will allow the Liquidator to resolve any eligibility or other issues in a timely manner. The Court governs the timing and final payment of approved claims. Providers are prohibited by law from billing Ultimed members directly for services rendered. **Also, in accordance with the Order of Liquidation; "all non-contracted and contracted medical care providers are enjoined from pursuing collection against, obtaining judgments against, and/or balance billing of Ultimed's subscribers, enrollees or members for medical goods provided or services rendered prior to the date that this Liquidation Order is entered."**

Ultimed HMO of Michigan, Inc. (in Liquidation)

“PROOF OF CLAIM” INSTRUCTIONS

Ultimed HMO of Michigan, Inc. (in Liquidation)

YOUR "PROOF OF CLAIM" MUST BE FILED IN ACCORDANCE WITH THESE INSTRUCTIONS AND POSTMARKED NO LATER THAN OCTOBER 10, 2006 (THE "BAR DATE") FOR YOU TO PARTICIPATE IN THE DISTRIBUTION OF ULTIMED HMO OF MICHIGAN, INC.'S ASSETS. FAILURE TO TIMELY RETURN THE COMPLETED "PROOF OF CLAIM" FORM IN ACCORDANCE WITH THESE INSTRUCTIONS WILL RESULT IN DENIAL OF YOUR CLAIM.

1. General Instructions. Please print legibly in ink or type. All blanks must be completed; if requested information is not available, please mark the blank "not available." You must attach to your "Proof of Claim" all supporting documents, contracts and invoices. If documentation is voluminous, please attach a summary. If you have more than one claim, a "Proof of Claim" form must be completed and submitted for each claim. **Retain a copy of your "Proof of Claim" form and any supporting documents that you submit.**
2. Additional Pages. If the space provided for any item is inadequate, note "continued" in the appropriate place(s) and continue the item(s), preceded by the item number, on an additional 8½ x 11 inch sheet of paper. Be sure to attach securely all additional pages to the form before filing.
3. Setoffs or Counterclaims. Enter the amount of all payments or debts, if any, which you currently owe to Ultimed HMO of Michigan, Inc.
4. Signatures. All claims must be verified to be true and correct by the claimant or someone authorized to act on the claimant's behalf and having knowledge of the facts. **KNOWINGLY PRESENTING A FALSE CLAIM MAY RESULT IN THE IMPOSITION OF CRIMINAL PENALTIES.**
5. Change of Address. You are required to notify the Liquidator of address changes. If changes are made to any payee information, attach a W-9 form. Failure to do this may jeopardize your chance of receiving a recovery from Ultimed HMO of Michigan, Inc.
6. Claim Processing Procedures: Claims will be adjudicated in accordance with Ultimed HMO of Michigan, Inc.'s business rules in the provider manual, Wayne County program guidelines, the Certificate of Coverage approved by the Michigan Office of Financial and Insurance Services on April 18, 2002, and the Order of Liquidation. Appeal guidelines are outlined in paragraph B., below. **PROVIDERS ARE PROHIBITED BY LAW AND BY THE ORDER OF LIQUIDATION FROM BILLING MEMBERS DIRECTLY.**
7. Deadline ("Bar Date") and Where to File the "Proof of Claim". The completed and signed "Proof of Claim" Form must be filed with the Liquidator by first class mail or overnight mail on or before **October 10, 2006**. For overnight mail or by first class mail, send to the following address:

**Ultimed HMO of Michigan, Inc.
2401 20th Street
Detroit, MI 48216**

Inquiries:

- Fax: 313-961-9660
- E-Mail links: platinumcs@ultimed-hmo.com
- Phone: 313-961-1717 or 1-800-242-7955

Claim Determination Process and Timing

- A. Upon receipt of your "Proof of Claim", the Liquidator will attempt to determine and notify you within ninety (90) days of receiving your "Proof of Claim" whether the claim is denied or allowed and, if allowed, the amount allowed. The Liquidator may request the claimant to present information or evidence supplementary to that required by these Instructions and the "Proof of Claim" Form at any time and may take testimony under oath, require production of affidavits or depositions, or otherwise obtain additional information or evidence in determining the validity and/or amount of any claim.
- B. If there are objections to the Liquidator's "Proof of Claim" determination, the claimant must file an appeal with the Liquidator within sixty (60) days after the date the notice of claim determination is mailed. The appeal should include all additional information relevant to reconsideration of the "Proof of Claim." If the Liquidator does not alter her denial of the claim, the Liquidator shall ask the Court for a hearing as soon as practicable and shall notify the claimant not less than ten (10) nor more than thirty (30) days before the date of the hearing for Court determination of the claim.
- C. After the total amount of all allowed claims against the estate is determined, and in accordance with their priority level for distribution pursuant to Michigan law, the Court will then approve payment of those claims based on the available funds remaining in the estate. The Liquidator will not know the amount to be paid on an individual claim until all claims are evaluated and all available assets of the estate are recovered.

NOTE: The Liquidator's acceptance of a "Proof of Claim" does not constitute a waiver or relinquishment by the Liquidator of any defense, setoff, or counterclaim that may exist against any person, entity or governmental agency regarding any actions pursued or defended by the Liquidator on behalf of Ultimed HMO of Michigan, Inc., its members, providers, claimants and/or creditors.



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
OFFICE OF FINANCIAL AND INSURANCE SERVICES
DEPARTMENT OF LABOR & ECONOMIC GROWTH
ROBERT W. SWANSON, ACTING DIRECTOR

LINDA A. WATTERS
COMMISSIONER

Ingham County Circuit Court Case No. 05-1472-CR

For Office Use Only:

Date Proof Received: _____

Proof of Claim #: _____

“PROOF OF CLAIM”

**ULTIMED HMO OF MICHIGAN, INC. (IN LIQUIDATION)
DEADLINE FOR FILING: OCTOBER 10, 2006**

PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM. EACH SECTION MUST BE FULLY COMPLETED. INSTRUCTIONS ARE ATTACHED. IF ADDITIONAL COPIES ARE NEEDED, PLEASE PHOTOCOPY OR DOWNLOAD FORM: www.michigan.gov/ofis, then click “Who We Regulate”, then “Ultimed”, then “Proof of Claim Form”. FILE A SEPARATE “PROOF OF CLAIM” FORM FOR EACH UNRELATED CLAIM.

PERSON OR ENTITY MAKING CLAIM AGAINST ULTIMED HMO OF MICHIGAN, INC.:

1. NAME: _____

2. MAILING ADDRESS: _____

4. TELEPHONE NUMBER (DAYTIME): _____

5. CLAIM IS FROM: (Check "X" or specify below)

A. ☐ Member Provide Social Security or Ultimed HMO ID No: _____

B. ☐ Provider Federal tax I.D. No. of Payee: _____
Social Security No. of Payee: _____ (if applicable)

Providers Note: Each member claim must be submitted on UB 92 or CMS 1500 (HCFA 1500) claim forms. Also see Proof of Claim Instructions.

C. ☐ Trade Creditor for amounts owed on open account Social Security or Federal Tax I.D. No: _____

D. ☐ All other claims - please explain and provide Social Security or Federal Tax I.D. No. : _____

6. In the space below give a CONCISE STATEMENT of the FACTS giving rise to your claim. Attach additional sheets if required.

7. **NUMBER OF CLAIMS:** _____ **AND TOTAL AMOUNT OF YOUR CLAIM(s):** \$ _____. If amount of claim is unknown, insert words "Unstated Amount." Provider claims amount would be based on "charges". You may amend your timely filed claim up until the final date that your claim is adjudicated. Please attach all documents, contracts and invoices supporting your claim. If they are voluminous, please attach a summary.

8. No part of the debt has been paid, except _____

9. There are no setoffs, counterclaims, or defenses to the debt, except _____

10. There is no security for the debt, except (identify the security and the amount secured) _____

11. Legal and factual basis for any claimed right of priority of payment: _____

The undersigned claimant affirms that the representations and information contained in this “Proof of Claim” are true and correct to the best of his, her, or its knowledge and that the claimed debt is justly owing. The claimant further understands that any statements or representations contained herein which knowingly present a false claim constitutes a criminal offense punishable under Michigan Law.

Dated: _____

Claimant's Name (please print or type) _____

Signature _____

Claimants Attorney(if any): _____

Title (if applicable) _____

SEE “INSTRUCTIONS” TO COMPLETE AND SUBMIT THE “PROOF OF CLAIM” FORM